TFW

FORM PTO-1083 Apply No. 10/785,487

PATENT Atty. Dkt. No. 81864.0029 Customer No. 26021

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In respondential In res

For: SOFT MAGNETIC MEMBER, ELECTROMAGNETIC WAVE CONTROLLING SHEET AND METHOD OF MANUFACTURING SOFT MAGNETIC MEMBER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a response to restriction requirement in the above-identified application.

Art Unit: 1773

Examiner: Kevin M. Bernatz Confirmation No.: 1786

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450, on

April 21, 2005

Date of Deposit

Kimberly Yee

Name herly yes Signature

04/21/05 Date

→ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	22	-	22	**	0	LG=\$50 SM=\$25	\$[FEE]	\$	0
INDEPENDENT CLAIMS FEE	7	-	7	***	0	LG=\$200 SM=\$100	\$(FEE)	\$	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS  LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180								\$ [FEE]	
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)  \$250 FOR EACH ADDITIONAL 50 SHEETS								\$ [FEE]	
							TOTAL	\$	0

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

A check in the amount of \$ 0 to cover the additional claims fee and the extension fee is enclosed. A copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

HOGAN & HARTSON L.L.F

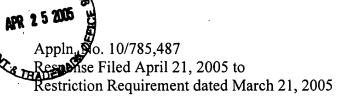
Date: April 21, 2005

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Dariush G. Adli

Registration No. 51,386 Attorneys for Applicants



PATENT Attorney Docket No. 81864.0029 Customer No. 26021

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/ Mame /

Signature

Commissioner for Patents

Alexandria, VA 22313-1450, on

Confirmation No.: 1786

In re application of:

Yasuo Hashimoto, et al.

Serial No.: 10/785,487

Filed: February 23, 2004

For: SOFT MAGNETIC MEMBER,

ELECTROMAGNETIC WAVE CONTROLLING SHEET AND METHOD OF MANUFACTURING

SOFT MAGNETIC MEMBER

**RESPONSE TO RESTRICTION REQUIREMENT** 

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to the Restriction Requirement dated March 21, 2005, Applicants hereby elect for prosecution the claims of Group I, Species v, Claims 1-14 and 17-22, drawn to a product comprising a soft magnetic member.

Therefore, an action on the merits of the elected claims is respectfully requested.

If there are any fees due in connection with the filing of this response, please charge the fees to our Deposit Account No. 50-1314.

Respectfully submitted,

HOGAN & HARTSON L.L.P

Dariush G. Adli

Registration No. 51,386 Attorneys for Applicants

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Phone: 213-337-6700 Fax: 213-337-6701

Date: April 21, 2005

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